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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### THE INFLUENCE OF SHOCK ON MEMORY.

BY RICHARD O. COWLING, A. M., M. D.,

*Professor of Principles and Practice of Surgery in the University of Louisville.*

Mental depression, incoherence of thought, and absolute insensibility are of course the common symptoms accompanying shock, varying with its amount, and moments, hours, days, weeks, or even months of blank follow upon a jar of the brain, according to the degree of disturbance to which it may have been subjected. These are ordinary phenomena; but while it has been common to note the time at which the patient comes to himself and memory resumes its action, it is not so general to inquire as to what particular moment recollection vanished. I think we are generally content to date this from the time when the injury was received, and yet under some circumstances it will be found that there has been quite an appreciable period antecedent to this of which all record has been wiped from the brain; and this fact may be of importance in several ways.

VOL. XXI.—1

Several cases in my experience illustrating the truth of the proposition laid down, happening in swift succession, induces me to make a record of them.

I. A gentleman returning to his home one night went first to the front door to get in, but this being locked he went round the house to the back door. Alongside of this entrance were steep steps leading to an open basement, and the night being very dark he missed his way and fell into it, a distance of eight feet. When found, supposably within a half hour afterward, he was completely unconscious, and upon examination it was discovered he had a scalp-wound on the back of his head down to the bone, which was unbroken. He was restored to consciousness in a few hours, and the next morning was wholly cognizant of passing events, and several days later was about as usual. He retained no memory whatever of his fall, all recollection ceasing at the time when he turned away from his front door to go around the house, though after this he had to traverse a distance of a hundred feet to reach the point at which he fell.

II. Two weeks since I attended with Dr. J. A. Brady, of this city, a gentleman who had fallen through a hatchway of a warehouse, a distance of nine feet, into a cellar. He had a rib broken and a deep wound in his chin. Within a half hour after his fall he was removed to a carriage, assisting somewhat those who were helping him. He had great confusion of thought for several hours afterward, asking continually where he was, what was the matter with him, etc. He had a sharp surgical fever, an abscess developing in his jaw; but after the first thirty-six hours his intelligence was completely restored. He had no recollection of his accident. All he remembered was that he and his brother had entered the warehouse together at dark; that he had sat down by the stove near the front door and his brother had gone back some distance to the counting-room; that when he had warmed himself he rose to follow him. The rest was blank. From the stove to the hatchway was a distance of thirty feet.

III. Within a day or two of the time at which the above-



mentioned accident occurred a man fell from the third story of the "Southern Dairy" (a "butterine" manufactory), into the cellar below—a distance of fifty feet. Saw the case an hour and a half later with Prof. T. S. Bell. The injuries sustained were a dislocation of the left ankle, with comminuted fracture of the lower end of the left tibia and fibula, a simple fracture of the right thigh, and compound comminuted fracture of the right ankle, the tibia having apparently been driven through the sole of the foot, crushing the astragalus and os calcis. The man was in profound shock, but quite conscious of what was going on around him; refused amputation, saying he would rather die. He lived seven days, and was apparently conscious up to the time of his death. He had at least full intelligence during several days of his illness, and gave about the following account of his accident: "It was early in the morning, about seven o'clock, and quite dark. I had the truck-wagon loaded with butter, and wheeled it (shoving it) to the elevator-way, the doors of which were open. As the back wheels passed over the ledge I found the wagon beginning to fall, and knew that the elevator was not there. In my fright I could not let go the handle of the wagon. I remember then the cold air rushing past me. I thought I had been falling a long time, and reached out my hands. Then I remember no more."

IV. On the night of December 13th a railway-train on the junction track between the Louisville & Great Southern and the Louisville & Cincinnati railways, passing through a suburb of the city, struck a horse attached to a wagon in which there were two men. The horse was cut loose from his attachments and killed, the wagon wrecked, and the men thrown violently to the ground. I saw them about an hour later. One of the men was nearly pulseless and quiet; the other was in great pain and violent at times, apparently bordering on delirium. I attended the cases with Dr. J. A. Larrabee. One of the men had a comminuted fracture of the right clavicle. After lying in considerable shock for several hours, reacted well, and his general condition progressed favorably. The other had a scalp-wound

extending into his right temple down to the bone, in which there was a fissure an inch or more in length. He had also a dislocation at the right shoulder. His shoulder being reduced and his wound dressed, he became quiet; and at a visit paid twelve hours after his injury he was well at himself, and continued so. He remembered nothing of the events of the night in which he was injured subsequent to the time that he "turned the corner at Meffert's," at which point his horse was trotting slowly. This was about seventy yards from the place where his horse was struck. He said also that he heard no signals (bell or whistle) from the train. His companion remembers "nothing" of the event.

V. A boy aged five was in the habit of climbing out upon a window-sill, for which his mother had punished him. Entering the room one day, she saw him again in his perilous situation. Afraid to alarm him by speaking to him, she ran below to warn him back and to catch him in case he should fall. She was too late, however, finding him lying insensible on the pavement from a fall of a dozen feet. The injury sustained was apparently a fracture at the base of the skull, hemorrhage and a serous discharge coming from his ears. He recovered, however, and his consciousness returned in forty-eight hours. His account to his mother of his fall was: "I wasn't bad, mamma. I got out on the window, but I got back before any one told me."\*

The comments I have to make on the cases narrated shall be brief. They are:

*First.* That the point at which memory leaves off in injuries accompanied by great shock seems to be at the record of the last prominent idea. In the first case the walk around the house was monotonous, and the gentleman was no doubt all the while occupied with the circumstances connected with his not getting in his front door as he had at first intended. In case second the prominent idea of the man was in leaving the comfortable stove to join his brother. In case third memory seems to have faded only a moment before or just at the strike. In case

\* The report of this case has been kindly furnished me by Prof. D. W. Yandell.

fourth "Meffert's" was the last landmark. In case fifth it was the mother's injunction.

*Second.* The points noted seem to establish the fact of euthanasia in cases of violent death, not only as to actual pain inflicted by the injury, but as to the anticipation of the horrible event.

*Third.* The testimony of the individual upon the circumstances leading to his accident is to be taken with a certain amount of reserve. In case fourth the engineer of the train has of course declared that he did make the signals, etc.

LOUISVILLE.

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## A CASE OF TRAUMATIC TETANUS—RECOVERY.

BY ALLISON MAXWELL, M. D.

Albert Mathers, aged nine, was brought to me August 6, 1879. He was led by his father, and on attempting to sit down had some opisthotonus, so that he had to make a second effort before he became seated. Thirteen days before Albert had the last phalanx of the index finger of the right hand almost mashed off by a printing-press. The finger was dressed by my father, Dr. J. D. Maxwell, of Bloomington, Ind., and was healing rapidly when the boy returned to his home in this city. On the ninth day after the injury he received a blow on the finger, which caused profuse bleeding. That evening at supper he complained of some stiffness of the jaws, and during the night was quite restless. The next morning the muscles of the jaw were more rigid, deglutition difficult, and there was some sore throat. A physician in the neighborhood prescribed a liniment to be rubbed on his jaws, but without benefit. Patient slept but little the following night; complained of stiffness in the muscles of the back of neck, and the night before I saw him he had slept still less.

His appetite has continued good, though he is unable to eat solid food. He walks with difficulty. On asking to see his tongue the patient took a stick out of his pocket and pried his teeth apart. I prescribed eight grains of chloral hydrate every four hours, and when I saw him in the afternoon put some powdered chloral on the injured finger, as recommended by Dr. J. K. Bigelow in the *AMERICAN PRACTITIONER*. The smart of the application was so severe, however, that it could not be borne; nor was he subsequently willing to endure the pain caused by even a weak solution of chloral to the wound. On attempting to move him he would have an attack of trismus and opisthotonus. Pulse 80, temperature  $101^{\circ}$ . Having slept none during the day, the chloral was ordered every two hours.

*Fourteenth day.*—Very restless all night; slept none; this morning convulsions violent and almost continuous. The muscles of the abdomen seemed to remain in tonic spasm. I now gave one fourth grain morphia hypodermically, and directed the chloral to be given every hour. Patient became more quiet after the morphia, and slept at intervals from ten to thirty minutes at a time. Pulse 120, temperature  $103^{\circ}$ . He bit his tongue several times to-day in spite of the usual precautions. Increased the dose of chloral in the afternoon to ten grains.

*Fifteenth day.*—Slept during night four or five hours; is better this morning. During the afternoon could flex his legs, but could not separate the jaws more than a line.

*Sixteenth day.*—Marked improvement in all respects, but still requires the ten grains of chloral hourly to prevent convulsions.

*Seventeenth day.*—Rested well last night under the chloral. Pulse 100, temperature  $100^{\circ}$ .

*Eighteenth day.*—The symptoms now gradually abated, and the dose of chloral was daily decreased, although patient often complained of cramp of the diaphragm and abdominal muscles.

On the twenty-third day after the tetanus began there appeared over the whole body an eruption resembling that of measles, but more elevated and redder, and accompanied by

much itching. Pulse was now 90 and temperature normal. The eruption seemed to be fairly attributable to the chloral which had been and was still being given; for when this drug was diminished the eruption faded, and when the dose was increased the eruption and the itching returned. The patient was able to take liquid nourishment throughout his attack.

The prognosis in this case was very doubtful; first, on account of the severity of the spasms; second, on account of the symptoms beginning before the tenth day; and third, on account of the boy's age.\*

While an interne in the Cincinnati Hospital I saw two severe cases of traumatic tetanus recover—one under chloral alone, the other under chloral and hypodermic morphia and atropia. Chloral hydrate is clearly taking high rank as a remedy for tetanus. Many recent authors prefer it to all other remedies. Bauer, in Ziemssen's *Cyclopedia*, says chloral is superior to every other means for holding in check the spasms. Hamilton on *Nervous Diseases* considers that chloral has been the most efficacious remedy in tetanus. Flint, in his *Clinical Medicine*, states that chloroform and chloral are the most potent remedies in this disease, preferring the former as being more manageable. The *London Lancet* during the last six months has contained reports of six or eight cases of tetanus treated with chloral, and in which the percentage of recoveries seems unusually large.

INDIANAPOLIS.

\*Althaus, in *Diseases of the Nervous System*, gives a table showing that the greatest mortality in tetanus occurs from the fifth to the tenth year.

## INFRA-ORBITAL NEURALGIA.

A CASE OPERATED ON MANY TIMES—CURE.

BY W. O. ROBERTS, M. D.,

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W. H. T., white, a farmer, aged forty-two years, married, family all healthy except one sister, who has "scrofulous disease of the neck." Was a soldier in active service during the late war. In the spring of 1865, after having undergone no special exposure or privation, he began to suffer pains in the right side of his face, commencing at a point corresponding to the root of the eye-tooth, and extending over the lip and along the side of the nose. The pain was paroxysmal in character, and while present the muscles would contract so violently as to produce much contortion of that side of the face, and cause the patient to present a very ludicrous appearance. Occasionally, from the intensity of the pains, the patient would have general convulsions, but without loss of consciousness. The intensity, duration, and frequency of the paroxysms gradually increased; the attacks, which at first numbered from one to three a day, and lasted from one to five minutes, during the succeeding summer reached as high as fifteen or twenty a day, while they often continued for ten minutes. From this time until the fall of 1871 the paroxysms continued to occur every day—their frequency, intensity, and duration, however, being notably less during the fall and winter months.

Prolonged rest seemed to aggravate his trouble, while violent exercise would sometimes not only abort a paroxysm, but even lengthen the intervals of rest. The patient would frequently, in order to be able to take his meals in comfort, cut wood or resort to some other strong muscular exercise before sitting down to the table. The hyperesthesia of the surface of the affected part

became so great that the slightest touch, a breath of air against the face or a fly crawling upon it would be sufficient to bring on a paroxysm. The most of the time he could distinguish a tender spot from which the pains would start. This was not always in the same situation, but *was always* along the line of the alveolar processes, and he referred the most of the paroxysms to something touching this spot. His teeth were sound, but by the advice of his physician one after another was extracted until all were removed, but without relief to the pain.

Quinine, arsenic, strychnine, and a long line of other drugs of repute in neuralgia were now given trial, and failing utterly the patient applied in January, 1872, to Prof. W. T. Briggs, of Nashville, Tenn. This surgeon divided, if I may judge from the situation of the cicatrix on patient's face, the dental branches of the superior maxillary nerve—an operation which was followed by complete relief of the tic for nine months, when the paroxysms returned as violently as before. The patient endured his sufferings until in December, 1875, when he was operated on a second time by Prof. Briggs in, he says, the same locality. Permanent relief of the original pain resulted from this operation, but in a short time after the wound healed a tic identical in character with the first appeared in the course of the infra-orbital nerve, and steadily increased in severity until the paroxysms became as intense as those before mentioned.

In November, 1876, the patient came under the care of Prof. D. W. Yandell, who, at his surgical clinic in the University of Louisville, cut down upon, drew out, and divided the affected nerve as it emerged from the infra-orbital foramen. Entire relief ensued for two months, but the tic began slowly to return, and in the following January was as excruciating as before. In October, 1877, Prof. Yandell again operated at his clinic by trephining the bone at the infra-orbital foramen and removing the superior maxillary nerve as far back as practicable. The wound healed kindly, and the patient soon went home free of his tic, and so continued for five months. Gradually the pain announced its return, this time invading the entire right side of the face, hy-



peresthesia being as marked in the roof of the mouth as on the cheek, and the unfortunate sufferer, being unable to prevent contact between his tongue and jaw, was literally in constant agony. He returned to the city in March, 1878, and I, being in charge of the clinic at the time, removed, at the suggestion of Prof. Yandell, the right half of the superior maxillary bone. The walls of the antrum—such portion of them, at least, as had remained after previous operations—were found excessively thin, while the cavity contained a small quantity of gelatinous-looking substance, which, I regret, was not subjected to microscopic examination. The patient again made a quick recovery. The old pain did not return, nor has it up to this time, December, 1879; but in the June following the operation a slight tic was experienced along the right side of the lower lip. The patient said now for the first time that for several years past he had occasionally experienced some pain in this situation, but that it was so very slight in comparison with that in the parts above he did not think it worthy of mention. He now felt it growing worse, however, and wished, if possible, to be relieved. As the tic was strictly confined to the right side of the lower lip, I contented myself with dividing the inferior maxillary nerve as it issues from the mental foramen. The operation has seemed to be sufficient, no pain whatever having recurred. The patient's general health has been altogether restored.

It is worthy of remark that throughout all Mr. T.'s sufferings he never took an opiate, preferring, as he said, to endure the torture rather than resort to a drug which, once taken, he feared he might never be able to relinquish.

LOUISVILLE.



BULLET-WOUND OF THE BRAIN—RECOVERY.

BY E. F. BRODIE, M. D.

D. H., aged twenty-two, received a wound of the cranium from a pistol-ball, August 11, 1879. The ball, which weighed half ounce, entered at the supra-orbital foramen, fractured the orbital roof and temporal fossa, passed beneath the integument to a point two and one fourth inches above the meatus auditorius externus, and out, dividing the posterior branch of the temporal artery. Several spiculæ of bone were removed, and about half an ounce of cerebral tissue issued from the point of entrance. The patient lay in a semi-comatose condition for five days, expressing no wish, when aroused, but to be let alone.

Cold-water compresses were ordered, both wounds were kept open, the patient put on low diet and freely purged. From the fifth to the eighth day the symptoms were threatening, but no real inflammatory trouble was developed. The stupor having been wholly recovered from, the patient was admonished of such dangers as lay in his way, and especially enjoined to keep quiet and take no solid food. But, growing excessively hungry, he became so clamorous for something substantial that his friends allowed him on the tenth day to sit up, indulge in bread and bacon, smoke a cigar, and enjoy a convivial round generally. While thus engaged he was suddenly and most painfully apprised of his folly by a vigorous outbreak of hemorrhage from the posterior branch of the temporal artery, which, before I could reach him and ligate the vessel, cost him not less than five quarts of blood. Two days after the wounds began to suppurate. Four days later, while examining the anterior wound, a hard body was felt in the roof of the orbit, which when removed proved to be a scale of lead weighing twenty-eight grains. Several large spiculæ of bone were also removed at this sitting.

From this time the patient's recovery was uninterrupted. From time to time for several weeks small spiculæ of bone were removed. In six weeks the wounds closed, the patient sustaining no inconvenience except a slight impairment of memory and a partial stiffening of the muscles of the jaw, being unable to open the mouth more than half its usual width.

BLACK-JACK, TENNESSEE.

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## PERITONITIS, OR CELLULITIS?

BY THEOPHILUS PARVIN, M. D.

Dr. Emmet's great work, a notice of which was published in the last number of the American Practitioner, has now been a year in the hands of the profession. It is eminently an original work, presenting the views of the author rather than those of others. Sometimes his views are in decided antagonism to hitherto-recognized teaching and practice, and it is destined not quite to revolutionize but certainly to *re-form* gynecology in some important respects, both as to pathology and as to therapeutics. What a wonderful change is wrought, for example, in pathology and therapeutics, by his demonstration of the significance and frequency of cervical lacerations! Trousseau taught the value of hot-water vaginal injections in the treatment of menorrhagia, but how much wider therapeutic range is given by Emmet to such means! Nevertheless, we have sometimes thought that Dr. Emmet got more out of hot-water than any one else can, just as by his nimble and remarkable ambidexterity he can make his many variously-curved scissors do more than most others, or possibly any others, can.

It is impossible that all his teaching will be accepted by the profession without criticism; indeed it is not probable that all

will be accepted even with criticism. One criticism is suggested by the question asked in the title of this paper, and upon that criticism I now enter. The thirteenth chapter of *Principles and Practice of Gynecology* is entitled, diseases\* of the pelvic cellular tissue, and through thirty-three pages we have scarcely any thing mentioned but cellulitis. The author states:

"It is inconceivable that inflammation of any portion of the pelvic peritoneum could exist without involving the cellular tissue in connection with it. Nor is it possible that extensive cellular inflammation could run its course without extending to the peritoneal covering, which is in such close relation with it. . . . Yet, whatever the existing cause may be, pelvic peritonitis can not exist alone, but must rapidly involve the cellular tissue invested by it. This inflammation may be confined to either broad ligament, to the posterior cul-de-sac, to the space between the uterus and bladder, or it may be general. I do not exaggerate when I claim that this disease is by far the most important one with which woman is afflicted. It is the most common, and becomes the more important, in being comparatively seldom recognized. . . . A great advance in the treatment of diseases of women will be made whenever practitioners become so impressed with the significance of cellulitis as to apprehend its existence in every case."

Subsequently, in speaking of digital examination, Dr. Emmet remarks, "If the neck of the uterus were drawn to one side of the vagina, this we would recognize as the effect of a former attack of cellulitis, which resulted in shortening of the ligament on that side."

Without quoting at present any thing else from Dr. Emmet, I will refer for a moment to some points in the history of the study of pelvic inflammations in the female.

Sir James Y. Simpson, in a lecture† on *Pelvic Cellulitis*, states that he gave this name. In the volume of lectures published‡

\* It seems doubtful if the plural should be used, since cellulitis is the only disease considered. So too is not phlegmonous cellulitis (page 261) tautological? for any inflammation of connective tissue not entering into the formation of an organ is a phlegmon; if it be inflammation of cellular tissue thus concerned in the structure of an organ it is interstitial cellulitis.

† Lectures on Diseases of Women. Philadelphia: Blanchard & Lea. 1863.

‡ D. Appleton & Co., New York, 1872.

since his death, one of these is devoted to pelvic peritonitis. But the first lecture probably has been, in this country, more generally read than the second, and had therefore a greater influence upon the professional mind, so that one very much oftener hears a physician speaking of cellulitis than of peritonitis.

In 1862 the invaluable work\* of Bernutz was issued, and in it he gives the recent history, in France, of professional views of pelvic inflammatory swellings in the female. Thus for Lisfranc such tumors were known as engorgements of the uterus. Subsequently the name of partial chronic metritis was given. Bernutz states that the name of peri-uterine phlegmon was unfortunately suggested to Nonat by a too complete assimilation of engorgements of the uterus and phlegmons of the iliac fossa, these constituting two affections perfectly distinct which he has confounded. Nevertheless an important advance was made by Nonat, in that he taught this tumefaction, which constitutes an essential character of the affection, in place of being an integral part of the uterus, was simply in juxtaposition, and that such juxtaposition ought to serve to distinguish this variety of tumors from inflammatory or other increase of volume in the uterine parenchyma. Bernutz asserted that the inflammatory tumors called peri-uterine phlegmons (ante-, retro-, and latero-phlegmon, without counting hybrid varieties), could not be seated in the cellular tissue interposed between the uterus and the peritoneum. "The most simple dissection shows that the connective tissue subjacent to the peritoneum is so little abundant, so fine, and so closely attached upon the anterior and posterior walls of the uterus, a few lines above the junction of the neck and the body, that we can not, as it were, separate the serous from the uterine tissue, and consequently it is impossible to give this

\*Clinique Médicale sur les Maladies des Femmes, par M. Gustave Bernutz et M. Ernest Gouspil. Some years ago I reviewed this work in the American Journal of the Medical Sciences. The Sydenham Society's translation, made by Dr. Meadows, is very much condensed, and I do not think completely presents the views of Bernutz—views which probably are not so widely known to nor so fully accepted by the American profession as they should be.

seat to tumors which in some hours, according to the observations of M. Nonat, attain the size of a pullet's egg. The only possible seat, then, remaining for the voluminous tumors described by M. Nonat is the thin little band of connective tissue, two millimeters in thickness and two to three centimeters in height, found at the union of the neck and the body of the uterus, etc. . . . We maintain that in the exceptional cases where this tissue participates in inflammation of adjacent parts it can contribute but in the very least proportion to the peri-uterine tumor, and that this insignificant participation can not take place except in pelvi-peritoneal inflammation connected with phlegmons of the large ligaments in regard to the existence of which phlegmons we have never entertained a doubt."

Bernutz had the opportunity of making post mortems of two patients previously under the observation of Nonat, and in each of which the latter had diagnosed peri-uterine phlegmon. The phlegmon was not found by Bernutz, but instead unquestionable evidence of pelvi-peritonitis. The tumor felt by vaginal touch was due to thickening and induration of the peritoneum covered by false membranes. Siredey and Danlos remark\* that the opinion of Bernutz, founded upon normal and pathological anatomy, seems to us ought to be accepted, and we admit that the peri-uterine phlegmon of Nonat is nothing else but a pelvi-peritonitis. Furthermore they state that as to phlegmon of the broad ligament all gynecologists are in accord, and that this affection is perfectly distinct and easily distinguished from pelvi-peritonitis. They regard this phlegmon as but the result of a lymphadenitis. The pain and fever are never as great as in pelvi-peritonitis. The tumor occupying the interior of the broad ligament, sometimes remains confined to the pelvic excavation, sometimes extends to the iliac fossa, or even the anterior wall of the abdomen, appearing to emerge from the posterior face of the pubic bone. Whatever the pathogeny the tumor or phlegmon of the broad ligament has a slower evolution; for a time

\* *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*. Tome vingt-sixième. Paris. 1878.

at least it steadily progresses, while in peritonitis the tumor once formed remains stationary or tends to diminish in volume. It is seated to the right or left of the uterus, and may fill half the pelvic excavation. It is more diffuse, and its consistence firm and resisting at the central part, in the exterior parts soft and as if edematous. If the tumor reaches the anterior wall of the abdomen, it is confounded with it, and the finger can not penetrate between it and the superior pubic margin. On the contrary in pelvi-peritonitis there is always a well-marked furrow between the pubic bone and the tumor.

It is readily seen that the statements of Bernutz as to pelvi-peritonitis existing independently of any inflammation of the connective tissue are directly opposite to those of Dr. Emmet. So too the latter teaches that intra-peritoneal hemorrhage is a mediate cause of cellulitis, first producing peritonitis; but in Bernutz's work are found cases of such hemorrhage with no resulting cellulitis, but with consequent pelvi-peritonitis. Probably Dr. Emmet's giving such prominence to cellulitis to the almost entire ignoring of peritonitis arises from the importance which he attaches to the connective tissue in its relation to diseases of women. In a recent review\* of his volume, the reviewer remarks: "Possibly the circulation in the pelvic cellular tissue has hitherto not received sufficient attention. But in magnifying the effects of venous congestion Dr. Emmet develops a theory of pelvic maladies fully as one-sided as that of any author who has carried to an extreme the mechanical system of uterine pathology, or who has regarded the so-called ulceration of the cervix as the most general cause of uterine disturbances."

Referring to the last quotation made from Dr. Emmet's work, in regard to the diagnosis of a previous cellulitis by finding the neck of the uterus drawn to one side from shortening of the ligament on that side, it may be asked does cellulitis, not ending in suppuration, produce shortening of uterine ligament? Would it not be more reasonable to attribute such displacements to

\*The Obstetrical Journal of Great Britain and Ireland. November, 1879.

peritoneal adhesions consequent upon pelvi-peritonitis? Confirmation of the latter view is given by the researches of Aran, who in autopsies found so large a proportion in which there were in such adhesions proofs that at some time in their lives the subjects had suffered with pelvi-peritoneal inflammation.

Again: taking the entire number of cases of cellulitis recorded by Dr. Emmet, three hundred and three, we find there were seventeen cases of abscess. But is this not a very small proportion of cases of cellular inflammation terminating in suppuration? On the other hand it is held that suppuration\* is exceedingly infrequent in pelvi-peritonitis unless it be puerperal; and therefore the rare occurrence of suppuration in Dr. Emmet's cases would so far seem to indicate that possibly in very many of them the peritoneal inflammation predominated over that of the connective tissue, or existed independently of the latter disorder. Taking the etiology of cellulitis as given by Dr. Emmet, we find that nearly fifty-two per cent had no uterine or ovarian disease which could be detected, but that child-birth, miscarriage, and criminal abortion were the causes assigned in quite a large proportion of this percentage. The reader of Bernutz will find the same among the causes which he gives of pelvi-peritonitis; cases illustrative of the action of these causes are also adduced by him. So too of other causes of cellulitis as given by Dr. Emmet. The late Sir James Y. Simpson remarked,† as to the differential diagnosis of cellulitis and pelvi-peritonitis, "Dr. Thomas has drawn up a long series of differential points, of which it may be said that in some cases his statements would answer for both complaints, and that in many others they might be reversed without impropriety." But certainly the etiology of cellulitis, as given by Dr. Emmet, and that of pelvi-peritonitis, as recorded by Bernutz, present many points of identity.

\*Even in puerperal pelvi-peritonitis suppuration is exceptional. Olshausen (*Puerperal Parometritis and Perimetritis*, Sydenham Society's publication of *Clinical Lectures*, vol. lxvi), referring to intra-peritoneal encapsuled abscesses, remarks that "In comparison with the extra-peritoneal they are a great variety, and we can almost with certainty exclude the intra-peritoneal seat of the exudation in nearly every case where it occurs in child-bed, especially if it has been watched from the first."

†Op. cit.



I think, then, that the question which has been made the caption of this paper is certainly one of so much importance, and in regard to which such difference of opinion obtains, that it should be referred not exclusively to the experience of specialists and hospitals, though of course by the former and in the latter the most important additions to pathology and therapeutics are often made, but to the clinical experience, aided where opportunity offers by autopsies, of the profession, at least to the observing working-men thereof, whether found in town or in country, in hamlet or in city. A few years ago Dr. Matthews Duncan remarked (A Practical Treatise on Perimetritis and Perimetritis), in referring to the obscurity of the diagnosis between these affections, "There appears no way out of the difficulties but careful clinical research and the illustration that may be derived from like attempts to solve like difficulties in the disease called pelvic hematocoele and others."

Dr. Emmet does not exaggerate the importance of perimetric inflammation, though I can not assent to his terming this inflammation cellulitis, for my belief is that in the majority of cases it is pelvi-peritonitis. And I fear he does not exaggerate professional ignorance upon the subject. By remembering my own errors in diagnosis I try daily to entertain a larger charity for the mistakes of others. Some years ago causing, in a case of cervical contraction with dysmenorrhea, by the use of sponge tents a severe pelvi-peritonitis, I was perfectly sure for a few days that the tumor, an essential feature of the disease, in this case retro-uterine, was a retroflexion of the womb. I have known the subject of one of these tumors placed daily on her knees and face, through much suffering, in order to remedy a supposed posterior uterine displacement. I have seen a third who had been pronounced the victim of cancer; and a fourth who had a pessary thrust against one of these tumors, and worn for several days, the patient meanwhile urged against the instinctive warning of pain and her wiser judgment to be on her feet and walk. Very soon a pelvic abscess opened into the vagina, and shortly after the patient died. Surely, then, when



such errors of diagnosis, and I might add many similar cases, are made—and let us remember too that some of them were made by men of considerable education and large professional experience—all will be impressed with the importance of giving increased study to the disorder.

INDIANAPOLIS, IND.

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FOREIGN CORRESPONDENCE.

LONDON, December 15th.

*My Dear Yandell:*

Winter is setting in upon us in good earnest, and the ringing of skates on the ice is already heard. The low temperature of our last summer produced a low death-rate, but it seems probable that the low temperature of this winter will produce a compensatory high death-rate, and those who escaped the summer will drop this winter.

The most valuable contribution to our literature recently is an article by Dr. William Roberts, of Manchester, on the Digestive Ferments and their Therapeutic Uses. Dr. Roberts is the author of a well-known work on the Diseases of the Kidney, and is usually accounted the first physician in the provinces. The first ferment that comes into play is the diastase of the saliva, which converts starch into sugar; it acts much more energetically on cooked than uncooked starch. The action of saliva upon starch goes on in the mouth and gullet, and for a while after the morsel has reached the stomach, but its action is arrested as soon as the food is thoroughly permeated by the gastric juice. In the case of a meal of farinaceous food this arrest occurs long before all the starch is digested, and the work is taken up and completed, after the food has passed the pylorus, by the pancreatic juice. In order to supply diastase when supposed to be insufficiently formed in the saliva, artificially-

procured diastase is furnished from malt. Consequently there are on the market a variety of malt extracts. A large proportion of these are, however, inert, from the fact that they are prepared at too high a temperature. Any heat above 157° F. is destructive to diastase in solution. The most active of these preparations of diastase is feeble as compared with a well-made extract of pancreas. As the action of diastase is quickly arrested in the stomach it is obvious that it is important to select the right time to give preparations of this ferment. Usually the label on the bottle directs a dose to be taken after meals. Really they should be mixed with some farinaceous material before the latter is taken into the mouth. As they have a sweet flavor not unlike treacle, which they resemble in appearance, they easily lend themselves to this purpose. The only precaution to be observed is to allow the food material to cool down to the point that it can be sipped before the malt extract be added. Dr. Roberts says food above a temperature of 150° F. can not be eaten or sipped even; so that it is not necessary to use a thermometer in order to know when the malt extract may be added. So much for diastase. The gastric juice contains a ferment known as pepsin, which digests albuminoids and converts them into peptones in an acid medium. The conversion of albuminoids into soluble peptones is brought about, it is believed, by a process of hydration, just as starch by a process of hydration is converted into sugar. This process goes on entirely in the stomach, for peptones are so quickly depeptonized in the blood that no peptones have been discovered in the portal vein or even in the lacteals. In order to aid a weak digestion artificial preparations of pepsin have been made in various forms. Such preparations are best taken immediately after a meal, and if the preparation is a good one its digestive power is considerable. Dr. Roberts exhibited a liquor pepsinæ of which a teaspoonful in six ounces of water (acidulated) dissolved an ounce of chopped white of egg completely in three hours. The right use of pepsin is likely to bring it into repute again, for the tendency of late has been toward losing faith in it. A prop-

erly-made pepsin wine has prospects of coming into use with advantage to certain dyspeptics; the late Dr. Leared would say that class of dyspeptics where there is pain after food. The stomach contains a further ferment which has the power of curdling milk.

Up to recently the pancreas has not been held of much repute. The clinical fact that in cancer involving the pancreatic duct there is fat in the stools has long been known. But recent research has shown that not only does the pancreatic juice emulsify fats, but it digests both starch and albuminoids and curdles milk. Its ferment for the digestion of albuminoids is termed trypsin, which is active in an alkaline medium. When the contents of the stomach pass the pyloric ring they become alkaline, when the trypsin acts upon the albuminoids not already digested in the stomach, and the pancreatic diastase acts upon the unconverted starch. The fat too is emulsified by another ferment, so that really the pancreas is a most active organ of primary importance in digestion. As to the milk-curdling ferment, it does not concern us in the present inquiry. Artificial preparations of pancreatic juice have for some time been before the profession. The manner in which Dr. Roberts has marshaled his facts is very instructive, and makes the matter of how to aid artificially a weak digestive power very much simpler than it was before he commenced his investigation: indeed he has done a lot of digestion for others himself. At least I feel very much as if I had had a good meal already digested for me, and all the more able to meet a bad case of indigestion for Dr. Roberts's work. He further exhibited to his audience a new and powerful liquor pancreaticus. It was a limpid, straw-colored fluid, of neutral reaction, and with no smell or taste; yet though so pale and bland, it is an elixir of really remarkable powers. It curdles milk like rennet; it changes starch into sugar with unrivaled energy; with the aid of a little alkali it transforms albuminous substances into peptones; finally, it emulsifies fats more perfectly than any other known agent.

So much for the scientific part of the subject; now for the

practical application of this knowledge. It seems quite clear that if this liquor pancreaticus and our food could have a fair field digestion would present no more difficulties. But this potent agent is impotent in the presence of an acid, and there is the acid stomach to be dealt with. Then digest the materials before they are swallowed. Precisely; but unfortunately artificially-digested food is not only not attractive, but is actually offensive. Not that peptones themselves are objectionable, for when purified they are odorless and tasteless; but it is the by-products which, in artificial as in imperfect natural digestion, are objectionable; and these by-products consist of volatile acids and other matters with a bitter flavor, which accumulate as digestion proceeds. When milk is subjected to pancreatic digestion artificially it is found that three fourths or four fifths of its caseine can be converted into peptones without materially diminishing its agreeable qualities as a food. If the caseine is left till it is perfectly peptonized a gray offensive fluid is the result. Two thirds of the caseine is peptonized in the first half hour and three fourths in the first hour; but it takes an hour and a half to peptonize the remaining fourth. The gradually-accumulating product of ferment action hampers the operation. To prepare artificially-digested milk for the dyspeptic, it is necessary then to arrest the ferment action at a certain point. This can be done at once by raising the mess to the boiling-point or near it. The higher the temperature below 140° F. the more active the ferment action, but at 157-8° the process is arrested and the ferment destroyed. A practical difficulty lies in the varied activity of different pancreatic extracts. Freshly-made extracts are nearly inert, and they go on increasing in activity for many months after they are made. With the pancreatic liquor Dr. R. exhibited milk could be peptonized readily by adding half a pint of water to a pint of milk, then a tablespoonful of the liquor and twenty grains of bicarbonate of soda (in solution). The whole should be warmed until it can scarcely be sipped (150° F.), and then put under a "cosey" for an hour. At the end of that time it should be raised to the boiling-point. It can then be used like any other

milk, and undergoes no further change until decomposition sets in. Such prepared milk will be of the greatest value to dyspeptics, invalids, persons with fevers or acute inflammations (for it may be iced), to those with ulcer of the stomach, with gastric catarrh, or even cancer of the stomach. Indeed a whole class of ailments will be benefited thereby. If a more nutritive mess is required it can be made as follows: To half a pint of cold milk add half a pint of well-boiled and *boiling* gruel; this gives a temperature of about 120° to 130° F. To this add a dessert-spoonful of liquor pancreaticus and ten grains of bicarbonate of soda in a saturated solution, and put under the "cosey" for an hour. Then boil, and a nutritive and palatable food already nearly quite digested is furnished. Dr. Roberts has several times seen fractionally-digested milk remain on the stomach when nothing else will. And this, my dear Yandell, is the great practical outcome of Dr. Roberts's valuable experiments.

As many of your readers will probably have under care cases where such food may be indicated, it may be well to tell them that this potent liquor pancreaticus is prepared by F. B. Bengel, of the firm Mottershead & Co., chemists, Manchester, of whom it may be procured. So let them go on and prosper. They have my good wishes, if they care for them, for their success; and I hope soon to read in the *PRACTITIONER* of the results attained, and trust that they will be satisfactory and corroborative of those attained by Dr. Roberts.

Having provided the reader with enough of strictly medical matter for one reading, it may be permissible to write about other topics. It would appear that other things than foods are coming across the Atlantic. Personal chastisement is, I am led to believe, not uncommon in Kentucky; but it is comparatively rare with us. It was, then, with profound regret that the profession heard of the recent assault made on a physician by a professional brother. It would only do mischief to mention the names of the individuals, one being a very well-known name, which makes the matter all the more regrettable. A certain special hospital with which this physician is associated had some

little time ago been notorious for an investigation into its management, the result of which was far from satisfactory to the institution. Changes took place upon its staff, and one member of it who retired felt much indignation at this physician. From having been intimate friends they became so far estranged that the one assaulted the other lately in the open street. Of course this was a scandal to the profession, and, pressure being put on, an explanation was given by the assailed and an apology then tendered by the assailant. What were the particular circumstances that led to the assault have not transpired; and as the matter is not now likely to get into a law-court there is little likelihood of any thing more being heard about it. Of course there must have been something more than a mere breach of etiquette to cause such proceeding on the part of a man who is generally known as quiet and inoffensive; but in the absence of any information as to the facts of the case previous to the assault one can only withhold any opinion one might be inclined to form as to the merits or demerits of the case. One thing is quite certain, it is to be regretted that such a scandal should have occurred. Whatever the circumstances which led to it, it is significant that neither party cares to have them brought into daylight.

We have had a sudden introduction to winter, and the thermometer fell the other night to 5° F.—a very low temperature for the valley of the Thames. Consequently every one who has a winter cough is at work coughing, and the death-rate will be high, especially from diseases of the respiratory organs.

You are coming out of your financial depression; we are just beginning to feel the full effects of our financial depression. Hospitals are hard-up—very hard-up, many of them—while the demands upon them are such as to strain their resources to the utmost. Medical men are beginning to think of Christmas. I fear that very few will find that this depression has not affected them when they turn to their ledgers.

By the way, I met your friend Knowsley Thornton the other day, and he told me the following story, which will illustrate the

dangers which are looming in the distance for the operation of ovariectomy, which Mr. Spencer Wells found among the list of doubtful operations, and which may again be relegated to that class at the hands of careless or unskillful operators. Thornton was talking to a general practitioner, who said: "I don't do any surgery myself, but I have a young man who has just come up from Edinburgh to join me, and who thinks he would like to try his hand at ovariectomy. You know ovariectomy only requires a clamp and a pair of scissors." You can reflect on that.



## **Reviews.**

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### **Pott's Disease: its Pathology and Mechanical Treatment.**

With Remarks on Rotary Lateral Curvature. By NEWTON M. SHAFFER, M. D., Surgeon in Charge of the New York Orthopedic Dispensary, Orthopedic Surgeon to St. Luke's Hospital, New York. New York: G. P. Putnam's Sons. 1879. Pp. 82.

This book consists of two chapters—the first on the pathology of Pott's disease, and the second on its mechanical treatment.

Dr. Shaffer has made good use of excellent opportunities to observe the pathology of spondylitis, claiming much assistance from the study of epiphysites in children, which has many points of analogy; and the reader will find in the thirty pages devoted to this part of his task some things that are new and many that are useful. Associating this with the details of the cases in the latter part of the book, the orthopedist will have a fund of knowledge regarding the pathology and progress of the disease that will prove a valuable guide to the rational treatment of this very troublesome disorder. And a practitioner needs to be especially well grounded in both the pathology and progress of a disease which requires at best months and generally years to cure.

While mechanical treatment only is considered by Dr. Shaffer in this book, he fully indicates the importance of constitutional treatment, stating indeed that mechanical appliances are chiefly intended to prevent traumatic self-injury of the carious vertebra and distorted spine while the cure is being accomplished. The plaster jacket has become so popular for the mechanical treatment of spinal curvature that the ordinary practitioner scarcely thinks of any other method; and yet it must have happened that many have found difficulty in meeting the indications where the seat of the disease was above the middle of the dorsal region—



a difficulty that even the "jury mast" has not been sufficient satisfactorily to overcome.

Dr. Shaffer admits the value of plaster dressings in certain cases of Pott's disease, but he also points out its defects and its failures. He describes and pictures his own apparatus—an antero-posterior support of steel, with pads and straps—and the modifications by which it is adapted to distortions in any part of the spinal column. The details of a number of cases make both his theory and his method of management quite clear, giving his little book a value that makes it a desideratum in every orthopedic surgeon's library.

J. F. H.

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**Yellow Fever a Nautical Disease: its Origin and Prevention.** By JOHN GAMGEE. New York: D. Appleton & Co. Pp. 207.

Yellow fever is just now a most fruitful theme for tongue and pen. At the late Nashville meeting of the American Public Health Association many papers and more speeches were presented on the subject, and evidenced a wide disagreement of good men on a number of the important questions connected with the origin, propagation, and management of the scourge.

Our author declares that the disease was born in ships in the West Indian seas, and there has its permanent home, asserting that it never arises on land and can not live there for any length of time; and he quotes authors, foreign and domestic, ancient and modern, to support his views. But it is not difficult to find authors of note to sustain almost any theory in medicine that a rational man may advance. The last two years have presented a rich fund of facts in regard to yellow fever, which at this time are being woven into webs of fresh deductions and new theories; and while our author includes the time up to the outbreak of yellow fever in Memphis in July last in his narrative, there were many facts presented to the recent meeting at Nashville,

mentioned above, that militate against the completeness of his theory.

Mr. Gamgee's book may be considered as the work of an active and earnest man who has sought to deal fairly with a very difficult problem.

J. F. H.

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**A Clinical Treatise on the Diseases of the Nervous System.**

By M. ROSENTHAL, Professor of Diseases of the Nervous System at Vienna. With a Preface by CHARCOT. Translated from the author's revised and enlarged edition by L. PUTZEL, M.D., Physician to the Class for Nervous Diseases, Bellevue Hospital Outdoor Department, and Pathologist to the Lunatic Asylum B. I. New York: Wm Wood & Co. 1879. Pp. 278.

American physicians who do not read either German or French are under obligations to Wm. Wood & Co. for producing the treatise of Prof. Rosenthal in our language. The publishers could hardly have selected a more valuable volume for a member of their Library of Standard Medical Authors. Dr. Rosenthal's work is very popular in Germany, and it was translated into French by the eminent Charcot—a marked testimony of its great value.

It is a practical treatise, the various diseases it takes up being presented from the bedside standpoint, the teachings being based on a knowledge of all that is known of the histology and physiology of the nerve structures. Each disorder named is systematically considered under these or equivalent headings—Pathological Anatomy, Etiology, Symptomatology, Diagnosis and Prognosis, and Treatment. The author restrains himself from digressing into theoretical discussions, and by a concise style confined to practical considerations he is enabled to present his views on all the subjects marked out for his treatise in the small volume before us.

The volume treats adequately of such diseases of the brain, medulla oblongata, and spinal cord, and their meninges, as grow

out of recognized changes of structure, whether induced by faults of the circulation, defects of nutrition, parasites, or certain systemic poisons; but the reader will not find mentioned some important so-called functional disorders of the nervous system; *e. g.* hydrophobia, tetanus, hysteria, etc. These, we learn, are fully considered in another volume by the same author, and published by the same house in corresponding style, but which has not yet come to our hands.

J. F. H.

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**Consumption, and How to Prevent it.** By THOMAS J. MAYS, M.D., member of the Pennsylvania Medical Society, author of "On the Therapeutic Forces," etc., etc. New York: G. P. Putnam's Sons. 1879. Pp. 89.

Evidently this book was not written for the enlightenment of the profession. This fact is not stated in terms in the text; but there is a simplicity of style, an avoidance of technical terms, and a popular manner running through the little volume that signalizes the expectation that laymen will be its readers. With this class of consumers the food served will probably be a little indigestible, but will not be otherwise harmful; and this is a praiseworthy attribute.

About a year ago we received the author's book "On the Therapeutic Forces," and characterized it as a work that would not satisfy "because its premises are neither axioms nor demonstrated propositions, and its deductions are illogical and forced;" and the same may be iterated of the book under notice.

Dr. Mays writes under strong convictions and with earnest purpose, feeling quite sure of his scientific exactness and the force and accuracy of his illustrations; but a man must always have a mental mist before his scientific vision who compares the steam-engine with a living human body—the bones of the latter corresponding to the piston of the former, and the nerves to the lever that lets on the steam; and this our author does.

J. F. H.

**The Grounds of a Homeopath's Faith:** Three Lectures delivered at the Request of Matriculates of the Department of Medicine and Surgery (Old School) of the University of Michigan. By SAMUEL A. JONES, M. D., Professor of Materia Medica, Therapeutics, and Experimental Pathogeny in the Homeopathic Medical College of the University of Michigan, Corresponding Member of the British Medical Society. New York and Philadelphia: Boericke & Tafel. 1880. Pp. 92.

The first lecture begins on page 13, the twelve preceding pages being occupied with a fly-leaf title, a full title-page including a Scotch stanza, a copyright announcement, a dedication, an original poetical proem in the nature of a deprecatory benediction, a table of contents, and a motto from Coleridge's *Table Talk*. Entering through such an extensive and composite propylon, one would expect to find within a temple of rare beauty, perfect symmetry, and exceeding worth. The reality does not fully correspond with such reasonable expectations. Being invited to present a reason for the faith that is in him by the students of medicine proper, one would suppose that the disciple of a special medical dogma would embrace the opportunity to paint it in its richest colors, to unfold its most captivating features, and to spread out its essential and most attractive and winning virtues. Our author has not justified such supposition. At least one does not find either rich colors, captivating features, nor winning virtues as the world understands them. But whether this failure is due to the speaker or to the thing spoken of, can not be satisfactorily determined from the internal evidence of the lectures themselves. True, Dr. Jones uses good language, his diction is fluent and for the most part chaste, he evinces familiarity with both ancient and modern medical authorities, and seems to be fairly read outside of professional history. From such an advocate one would look for the strongest presentation of the theme in hand, for the most logical disclosure of its established theories, for the clearest annunciation of its practical accomplishments, and, above all, for a bold and striking

enumeration of the salient points by virtue of which homeopathy claims superiority over all other systems of medicine. But these lectures are not thus characterized. On the contrary there is a lack of that stout, reliant, fearless presentation of the doctrine advocated which every earnest man makes when contending for what he feels to be absolutely right before an audience that he knows to have been trained to look on his theories as misty, unreal, and evanescent. Indeed throughout these discourses there is a constant begging of the question, a frequently recurring intimation that homeopaths do not have a fair chance in the world, that their worth is not appreciated; and instead of boldly demanding supremacy for homeopathic theories and practices for their scientific excellence and paramount success, he timidly arraigns the weak points in the doctrines and doings of its opponents, and begs that his hearers will not consider the failures of homeopathy so bad as these. This feature affords the highest evidence that the lecturer recognizes that the foundations of his temple may not be laid on solid rock nor the superstructure be built of indestructible materials.

If our lecturer be the best oracle that the students could invite, and this be the best effort such an occasion could inspire, there may be just ground for the alleged decadence of the popularity of homeopathic doctrines, and the relative diminution of the number of its practicing disciples.\*

Lecture I is entitled "The Law of Similars; its Claim to be a Science in that it Enables Prevision." This is attempted to be sustained by a ramble through medical history, reviewing the statement that Haller thought a good method of finding the medicinal value of a drug was to try it on a healthy body; that Hufeland said Hahnemann was a distinguished German physician; and then, after telling many things that Hahnemann thought and said and did, our author grandiloquently exclaims, "Gentlemen, this is science; science is truth; truth is God's, and he gives his truth to all;" which leads one to say, Ahem!

Lecture II is headed, "The Single Remedy a Necessity of Science." And in proof our author quotes sixty-five articles put

into a single prescription in 1682, and asserts that some doctor in 1879 gave an epileptic fourteen simple and compound drugs in divers combinations. Logic of this character runs through the lecture, which, after alleging much wisdom in homeopathic heads, closes with this bit of clinching eloquence, "Gentlemen, there is no accounting for the freaks of 'scientific medicine;' and, alas, the patient takes the consequences."

Lecture III has for its text, "The Minimum Dose an Inevitable Sequence." To establish this our author eulogizes Paul of Ægina, glorifies Paracelsus, satirizes Burserius, condemns John Mason Good, and then, after assuring his hearers that Hahnemann saw the truth in therapeutics—the truth so pure, so complete that nothing additional has been seen since—declares that his disciples have it to-day as it was then, is now, and ever shall be. The third lecture and book closes with this apostrophe to Hahnemann, which might be called his professional canonization by our author, "O dead MASTER, in that God is the all-just; thou hadst and hast all these; and thou canst leave thy work to Time's arbitrament without the shadow of a single fear."

And of such is "The Grounds of a Homeopath's Faith."

J. F. H.

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**Students' Aids Series: Aids to Anatomy, Therapeutics, and Materia Medica.** By C. E. ARMAND SEMPLE, M. R. C. P., London, Physician Northeastern Hospital for Children, late Medical Assistant and Surgical Registrar at the London Hospital.

**Aids to Forensic Medicine and Toxicology.** By W. DOUGLAS HEMMING, M. R. C. S., Fellow of the Medical Society of London, Clinical Assistant Central London Throat and Ear Hospital, etc. New York: G. P. Putnam's Sons. 1879.

These are little books of sixty-four and seventy-two pages, intended as remembrancers for those who need such aid, and may be esteemed valuable for such persons.

J. F. H.

**The Treatment of Diseases by the Hypodermic Method: A Manual of Hypodermic Medication.** By ROBERTS BARTHOLOW, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College, Philadelphia; author of a Treatise on Materia Medica and Therapeutics, etc. Third edition, enlarged. Philadelphia: J. B. Lippincott & Co. 1879. Pp. 249.

The first edition of Dr. Bartholow's Hypodermic Medication was published in 1869, and was a valuable acquisition to medical literature, treating instructively of a method of medication then relatively new and of great and growing importance. His manual was the first systematic publication in the language on the subject, and to this day the field has been left to his exclusive cultivation.

Since the first edition much advance has been made in hypodermic medication in all parts of the civilized world, and in his present (third) edition Dr. Bartholow has culled all that is valuable in these advances and presented it to his readers in a clear, concise, and agreeable manner.

J. F. H.

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**The National Dispensatory.** By ALFRED STILLÉ, M. D., LL. D., etc., and JOHN M. MAISCH, Phar. D., etc. Second edition, thoroughly revised, with numerous additions. Philadelphia: Henry C. Lea. 1879.

But a few months have elapsed since the first edition of the National Dispensatory, which was noticed most favorably in our pages, was issued, and now the second edition is before us. Excellent as was the first issue, the second is still better. The authors state: "The series of illustrations has undergone a thorough revision. A number have been added, and still more have been substituted for such as were deemed less satisfactory. The new matter embraced in the text is equal to nearly one hundred



pages of the first edition. Considerable as are these changes as a whole, they have been accommodated by an enlargement of the page without increasing unduly the size of the volume. While numerous additions have been made to the sections which relate to the physiological action of medicines and their use in the treatment of disease, great care has been taken to make them as concise as was possible without rendering them incomplete or obscure. The doses have been expressed both in the terms of troy weight and of the metrical system, for the purpose of making those who employ the Dispensatory familiar with the latter and paving the way for its introduction into general use."

Stillé and Maisch will become familiar as household words, as have Wood and Bache, with the prescribers and dispensers of medicines.

T. P.

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**Hygiene of the Voice: Its Physiology and Anatomy.** By GHISLANI DURANT, M.D., Ph.D., member of the American Medical Association, member of the Medical Society of the County of New York, fellow of the New York Academy of Medicine, etc. A new and revised edition. New York: Cassell, Petter, Galpin & Co. 1879. Pp. 189.

Laymen desiring to learn the anatomy and physiology of the respiratory apparatus regarded as a musical organ will find Dr. Durant's work a trustworthy text-book for that purpose. Clearly and plainly written, avoiding technicalities, not going into scientific minutiae further than is needed for the end aimed at, the author has produced both a pleasant and an instructive book.

In the twelve chapters into which the contents are divided Dr. Durant treats of sound—the voice, its formation, register, and timbre. One chapter is given to the physiognomy of the voice, and another to respiration. Under alimentation he tells the vocal artist what to eat, how to eat, and when to eat. He lays down rules to regulate the time and quantity of sleep, dwells at some length on the measures best adapted for the



preservation of the voice, and is quite precise in pointing out the diseases that affect the voice, and how best to avoid them.

In an appendix the author gives instruction for effective gargling after describing imperfect gargling, and then adds sixteen prescriptions for various diseases or mal-conditions of the singing organs.

The book closes with a bibliography of the subject of the treatise.

Both the printer and the binder have exerted themselves to produce an accurate text and a handsome finish, and both have succeeded.

J. F. H.

## Clinic of the Month.

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**TREATMENT OF TYPHOID FEVER.**—In the *Lancet*, November 15th, is an address on the above subject delivered at Birmingham by Sir William Jenner, of which we make the following abstract. He says:

"I have never known a case of typhoid fever cut short by any remedial agent; that is, cured. All the stages of the disease must, so far as we know, be passed through before the recipient of the poison can be well. If the patient can be kept alive for a definite time the specific disease ends, and if there are no local lesions the patient is well. The natural duration of a well-developed case of typhoid fever is from twenty-eight to thirty days; hence subsidence of the fever before this date should be regarded with suspicion, and the patient not treated as if the specific disease had ended.

"In the earliest stage of the disease the patient is prone to commit certain mistakes in treating himself. He may think that he has a common cold in his limbs, as it is called, and attempt to throw it off by strong exercise. He may consider that he is suffering from biliary derangement, and attribute to this the headache, disturbed nights, disordered bowels, etc., and take a dose of drastic aperient. He may think the weakness he feels is to be removed by food and wine, and accordingly prescribes for himself. This self-treatment may add greatly to the severity of the coming illness, and may cost the patient his life. If the temperature renders it *possible* that the ill-defined symptoms are due to the poison of typhoid fever the patient should be absolutely confined to bed. I very rarely advise a patient's removal to his home, if that be distant, so satisfied am I that fatigue of travel tends to make a mild case severe and a bad

case fatal. From the first the patient should be restricted to liquid diet, and bread in some form if the appetite requires it. Milk is valuable in fever, but should be given with caution, for as a diet in unlimited quantities it has led to serious troubles. The caseine of the milk has to pass into a solid form before digestion can take place. Curds form in the stomach, and the digestive powers being weakened in fever these curds may remain unchanged in the stomach and produce considerable disturbance of the system, as restlessness, elevation of temperature, pain in the abdomen, and diarrhea. Said a distinguished chemist, 'Do not forget that a pint of milk contains as much solid animal matter as a full-sized mutton-chop.' I have known a patient drink two quarts and more of milk in twenty-four hours—equal to four mutton-chops. Is such an amount of solid food good for a patient suffering from typhoid fever?

"The fever must be met by rest, quiet, fresh air, mixed liquid food, and bland diluents, and the exclusion of fresh doses of poison, as in the milk, water, foul air from drains and from the excreta. For continued sleeplessness, a combination of henbane, bromide of potassium, and chloral has acted very nicely; and in the earlier stages, previous to signs of nervous prostration, I have never seen any ill effects from these drugs. A warm bath may induce sleep. While opium may do good, it is on the whole a most dangerous remedy.

"The chief causes of diarrhea in excess of that due to the intestinal specific changes are error in diet, catarrhal inflammation of the mucous membrane, and irritability of the bowel. In treating the diarrhea, if stools are so frequent as to be dangerous it is often sufficient to examine the stools to detect the cause and remove it; *e. g.* curds of milk. In strongly alkaline stools diluted sulphuric acid sometimes affords marked relief. Four ounces of starch-water thrown into the rectum night and morning may check frequent action, or three to ten drops of laudanum in an ounce and a half of starch-water thrown into the bowel night and morning *after* the passage of a stool. Carbonate of bismuth in twenty-grain doses every four or six hours

is one of the best remedies for the catarrhal inflammation of the bowel itself.

"In constipation in typhoid fever a small-sized enema of thin gruel, repeated every other day, is usually sufficient. Deep ulceration of one or more of Peyer's patches is not an unfrequent cause of constipation. A single *deep* ulcer will paralyze the action of the bowel, and so cause constipation; and this is to be kept in mind as a fact of the highest practical importance when it is proposed to relieve the bowels by an aperient.

"Of all the remedies proposed for the relief of flatulent distension of the abdomen, turpentine applied externally is the most extensively employed in practice. Now I must say with reference to the external application of turpentine that I have never seen a diminution of the distention which seemed to me to be *propter hoc*. Charcoal has proved a most efficient agent for preventing gas-generating decomposition, which results from food which finds its way into the intestine, mingling with the fetid secretions from the diseased intestines and with sloughing particles from the solitary and agminated glands. So it is important to select a food substance which leaves no solid residue to undergo decomposition. The administration of pepsin and acid at the same time as the food is often advantageous.

"In hemorrhage from the bowel in typhoid fever, even in ever so small a quantity, the patient is to be kept in the recumbent position, and all movements of the bowels restrained if possible. An enema of starch-water and laudanum should be given at once, and laudanum and gallic acid given every few hours. Nourishment in the most concentrated form should be given, as essence of beef; and milk should be avoided on account of the residue it leaves. When the loss of blood is sudden and copious, or frequent, subcutaneous injection of ergotine may be used. In tenderness of the abdomen warmth and moisture afford relief in the majority of cases.

"From the commencement of typhoid fever the patient's temperature is elevated. Neither my own limited experience nor the evidence adduced by others in its favor has carried con-

viction to my mind of the advantages of cold baths in typhoid fever, although I entertain no doubt that the direct cooling of the body is in some cases essential to the preservation of the life of the patient. Where the temperature is  $106^{\circ}$ , rising to  $107^{\circ}$ , and still advancing, the only source of hope is rapid depression of the temperature by cold baths. Cold applied to the head by means of the India-rubber-tubing cap will often suffice for the reduction of temperature, or tepid sponging of the body will reduce it a little and soothe the patient. When high temperature is conjoined with rapid, feeble heart's beat, the administration of alcohol often reduces it. Quinia in large and in small doses and salicylate of soda act alike in reducing temperature; but I must say I have been disappointed in these two drugs, and have seen both occasionally do much harm by disturbing the stomach and interfering with digestion. Gentle perspiration is advantageous, and the most certain means of producing it is the application of a large, warm, and moist flannel covered with oilsilk over abdomen and chest, and the administration of warm, bland fluids. To avert death from failure of heart-power, alcohol is the great remedy. Tremor, out of all proportion to other signs of nervous prostration, is evidence of *deep* destruction of the intestine. In these cases alcohol should always be given to increase nerve-energy and to limit the sloughing and ulceration."

PEPTONIZED MILK.—After a good many trials I now advise the following procedure for preparing peptonized milk for the sick-room. A pint of milk is first diluted with half its bulk of water and heated to about  $150^{\circ}$  F. It is then put into a covered jug with a tablespoonful of liquor pancreaticus and twenty grains of bicarbonate of soda (in solution). The jug is then placed in a warm place under a "cosey" for one hour. At the end of this time the milk is at once raised to the boiling-point. It can then be used like any other milk, and undergoes no further change until decomposition sets in. It is well, however, to know that peptonized milk does not keep well, and that it should be used

within twelve hours of the time of preparation. The use of the thermometer may be obviated by directing the milk to be diluted with an equal bulk of *boiling* water.

Another formula, which supplies a more nutritious product, and does not require the thermometer, is the following: To half a pint of cold milk in a covered jug add half a pint of well-boiled and *boiling* gruel. This gives a temperature of 120° to 130° F. To this add a dessertspoonful of the liquor pancreaticus and a dessertspoonful of a saturated solution of bicarbonate of soda (which contains about ten grains). Put under a "cosey," as before, and heat to boiling at the expiration of an hour. In this case the trypsin of the pancreatic extract acts on the caseine of the milk and (I presume) on the gluten contained in the gruel. The diastase of the extract also acts on the starch of the gruel and converts it into sugar. This method gives us a preparation similar in design to Liebig's food for infants, but in which the proteids as well as the amylacea are subjected to digestion. The making of it is exceedingly easy, and it would seem well adapted both for the nursery and for the sick-room. The gruel employed should be made thin; it may be prepared from wheat flour, or from oat meal, or from any other farina.

I have now used these fractionally-digested articles of food in a considerable number of cases, and in many with gratifying results. If the process be properly performed, if it be cut short by boiling at the right moment—that is, after the curdling phase has passed away, and before ulterior changes have rendered the milk unpleasant to the palate—the resulting products are liked as well as if they were simple milk and water or simple milk gruel. But if the process be carried too far, or if, on the other hand, the milk be still partially curdled when put before the patient, the product is not liked, and is even apt to cause nausea.

When further experience shall have taught us how to produce a pancreatic extract of constant strength there will be no difficulty in exactly fixing the proper moment for stopping the ferment action. Meanwhile the best rule is to allow the process to go on for an hour, and not longer. I have several times seen

fractionally-digested milk remain on the stomach when nothing else would remain. I have also seen this food tolerated without pain when all other food caused pain.

In the present state of this inquiry it would not be prudent to say more on the therapeutical uses of peptonized milk and milk gruel. Any practitioner can easily prepare these articles for himself, and make trial of them among his patients. The pancreatic extracts are made under the personal supervision of Mr. Bengier, who has spared neither time nor labor in their preparation, and who, by his skill as a practical pharmacist and his aptitude for experimental work, has rendered me invaluable aid throughout this investigation. (Dr. Wm. Roberts, in *British Medical Journal*.)

PLEURITIC EFFUSION TREATED WITH JABORANDI.—Joseph W. Hunt, M.D., in the November number of the *Dublin Journal of Medical Science*, gives the results of three cases of pleuritic effusion treated with jaborandi. Dr. Hunt remarks that the mode of action is obvious. The fluid contents of the blood-vessels being diminished by means of the excessive cutaneous secretion, a compensatory absorption of fluid takes place from the tissues and cavities of the body, and the blood-vessels thus absorb even more than they give out through the skin.

In the first case the patient came under treatment August 20, 1878, with his right pleura full of fluid, the heart being displaced outside the nipple-line and the liver depressed three inches. He was aspirated the same afternoon and the severe dyspnea relieved, but below the angle of the scapula there remained dullness, and vocal fremitus was absent. Large doses of tincture of iron were given, and he was painted freely with iodine every other day. This treatment had no effect in causing absorption of the remaining fluid, and he was ordered a mixture containing iodide and acetate of potash and scopolium, which likewise failed to produce the desired result. Therefore on September 4th he was ordered jaborandi in doses increasing up to a dram and a half of liquid extract every four hours. This



caused considerable diaphoresis and a speedy absorption of the fluid, so that on September 13th the breath-sounds were louder, the dullness considerably diminishing, and vocal fremitus normal except over the very base. On September 28th he was discharged cured.

The second case was admitted to the hospital March 1, 1879. He had been complaining of pain in the side for eight weeks, and marked signs of an effusion in the left pleura were found. He was treated with a saline diaphoretic mixture up to the ninth day without improvement, at which time thirty ounces of fluid were drawn off by aspiration, and he was ordered a mixture containing digitalis, iodide of potash, and scopolium. This treatment, continued to March 26th, still left absolute dullness below the tenth rib posteriorly, and vocal fremitus deficient below the middle of the scapula; so a dram of jaborandi was ordered every three hours, which by April 2d had caused all the symptoms to disappear, except what a thickened pleura would account for.

The third case was admitted to the hospital February 27, 1879, with temperature  $101^{\circ}$ , pulse 80, respiration 23, with night-sweats, dullness on right side as high as the angle of the scapula, with absent vocal fremitus. On admission he was ordered jaborandi in doses gradually increasing to one dram every two hours, before trying any other treatment. Improvement was rapid, and by March 14th vocal fremitus was present all over the back, and dullness began at the tenth rib.

All these patients bore the jaborandi well, one of them increasing in weight while he was sweating so profusely. With the exception of diaphoresis and salivation, there was no inconvenience attending the administration of the jaborandi. In none of the cases was there any beneficial result obtained till profuse diaphoresis was excited.

INVERSION OF THE SEXUAL INSTINCT.—A recent number of the *Gazette Obstétricale* has a curious instance of what Westphall has termed inversion of the sexual instinct. The subject in this

case was male; but as a boy he wanted to be a girl and with the angels dwell, wearing girl's clothes and doing girl's work, his hair allowed to grow long and dressed as a woman's, that is to say, parted in the middle, as some foolish men do, and "frizzed" it, as all foolish women do; had pads to represent the mammary glands and others to simulate the broad hips of the female, etc. So anxious was he to prove his womanly character that he professed to have had sexual relations with men and to have given birth to a child. The cruel law interfered with the freedom of his action, and required him, among other things, to wear the clothes of his sex.

**SALICYLATE OF SODA IN RHEUMATISM.**—At a recent meeting of the Paris Academy of Medicine, Bouloumié stated the following conclusions respecting the use of the salicylate of soda in rheumatism: 1. That in the case of young men, patients who have not before undergone attacks of gout or who do not present any tendency to nervous depression, the salicylate may be used without danger; 2. That it acts chiefly by deadening pain; 3. That the considerable consumption of salicylate in hospitals proves indisputably the efficacy (after two years' trial) of this medicine against rheumatism, but does not demonstrate its efficacy in gout, for that is a disease almost unknown in hospital practice. Again: with regard to treatment of acute articular rheumatism in children with salicylate of soda, M. Archambault states that the salicylate is perfectly well borne by children even in a daily dose of six grams; that it makes the rheumatic manifestations rapidly and surely disappear; and that it prevents cardiac complications.

**THE POST-MORTEM CESAREAN OPERATION.**—In a valuable paper on the Cesarean Operation, *Annales de Gynécologie*, November, the author, Dr. A. Pinard, states that the post-mortem operation presents, historically, the following phases:

1. Indicated, ordained, and practiced for the purpose of removing living children. The operation is therefore restricted to

the last months of pregnancy. This represents the ancient or Roman period.

2. After the advent of Christianity it is indicated in every case where a pregnant woman dies, no matter what the period of her pregnancy; for the purpose was not only to secure living children, but to administer baptism to all. This was the period of the Middle Ages.

3. Since Guillemeau up to 1861 the post-mortem cesarean operation was not performed unless with the hope of saving a viable infant. This represents the modern period.

4. Since 1861, in consequence of the numerous difficulties, the chief of which is a certain diagnosis of death, the operation, notwithstanding successful cases, severely and logically attacked, appears to give place to the induction of premature labor *per viæ naturales*.

EXTIRPATION OF THE VULVO-VAGINAL GLAND FOLLOWED BY DANGEROUS HEMORRHAGE.—The *Gazette Obstétricale*, November 20th, remarks that suppurating cysts of the vulvo-vaginal gland often prove quite rebellious to treatment and the extirpation of the gland may become necessary. Ordinarily the operation is not a serious one, but occasionally the patient's life may be endangered by hemorrhage. Thus quite recently Siredey, in a patient two months after her confinement, who suffered from frequent suppurations of one of these glands, did not enucleate the gland, but simply excised a part of the anterior wall of the cyst, with no hemorrhage, but some hours after the patient was found bathed in blood and almost exsanguinous.

A somewhat similar case is detailed as having occurred before in the practice of M. Pama, only in this the hemorrhage occurred during the operation, which had therefore to be abandoned.

These cases show the importance of the operator having in mind the possibility of such accident. Even when it does not occur during the operation the patient should be carefully watched for some hours afterward for fear of its occurrence.

PORT-WINE MARKS CURED IN TWO SITTINGS.—When Dr. Bal-manno Squire's treatment of port-wine marks by linear incisions was published a few years ago we objected to the method because of its extreme tediousness. Dr. S. has recently improved on his first procedure, and now effects a cure by the following: "At the first operation I divide the skin into small squares by two series of parallel incisions, the one set crossed at right angles to the other, just as in my former method; but the incisions, instead of entering the skin perpendicularly, enter it slantingly. I may call the one series of parallel incisions longitudes and the other cross series latitudes. At my first operation the obliquity of the longitudinal incisions is directed eastward, and that of the latitudinal ones southward. At the second operation, executed about a week afterward, the lines of longitude and latitude are re-executed still in the same directions respectively, only that now the obliquity of the longitudinal incisions is directed westward, while that of the latitudinal ones is directed northward. In this way the obliteration of a port-wine mark may be effected in a fortnight if the whole of the mark be operated on at once, although it may often be more convenient to treat the mark piecemeal. There are various little details special to this modification of the operation which demand attention, but the above are the main features of the new process."

## *Notes and Queries.*

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1879-1880.

Of all men, the Doctor, as he closes down the coffin-lid of the year that is gone, has most reason to be serious and take a moralistic view of life. His work is over, and yet it is but just begun; for with the close of the annual round which brings to other men a posting of the books, with their result for good or ill, comes not an end of sickness and death. The Doctor is the only perpetual motion. And while it is literally true that his material fortunes prosper off what are considered the misfortunes of his kind, what would people do without him? He is as immortal as he is ubiquitous. It is not Dr. this or Dr. that; it is The Doctor, who, from cycle to cycle, goes on and on—the one entity which never changes its relations to the world. The reflection that this is so must needs cause the most light-hearted to grow in gravity and in grace with his growing experience of sorrow and pain, and not merely the ills that flesh is heir to, but the heavier griefs that weigh down the spirit of his fellow-man, and not less of his class than of his race. For has the Doctor not his cares with the rest? Does he not behold each day of his life, in this pain-stricken face and in that wasted form, a reflection of that which soon or late must overtake his own loved ones? It is this, perhaps, which makes the Doctor—the good Doctor—more thoughtful and more tender, and not harder, as some fancy, than other men; and the longer he lives shall his sympathies freshen and strengthen into a supreme principle of action, until he himself shall stand in the light of that awful sublimity whose radiance has so often been disclosed to him through the crevices of death.

Last year it was our hap, in putting a few closing pen-notes to these pages, to speak of sacrifices and curtailments, of pro-

fessional poverty and drouth. This year, if the mind should fall into a calculating mood, the recount would be one of returning prosperity, of glad, expectant hope. What boots it? What matters a Havana the more or the less? The end of life, as of the cigar, is ashes; and except the full duty of life be well done, who shall be the richer? Whereby, brothers all, let us take the times as we find them and bless God, and do each his turn as best he may, though thoughtfully, cheerily; abreast with the age in enlightened effort; abreast with a true Christian manhood in all else; advancing from the darkness to the light, and ever to the right. These be words merely; but not without their meaning, let us hope; and truly not without

"The good intent,  
The phrase ill-spoken, but in kindness meant."

A SERIES of Biographical Studies prepared by a well-known contributor will appear in this journal during the current year. The studies will embrace the names of Robert Knox (the anatomist), Velpeau, Von Grafe, and Trousseau. Besides the interest which attaches to great names and great deeds, the writer who is preparing them is well fitted, both by habits of mind and study, for the undertaking.

PROF. J. LAWRENCE SMITH.—When this distinguished savant returned home from his late European trip he was given by some of his more immediate friends a delightful dinner at the Galt House. About one hundred and fifty gentlemen, representing the several learned professions, commerce, art, and manufactures, were present on the occasion. Professor Smith being a graduate in medicine, and having borne for many years a prominent part in medical teaching in the Southwest, his movements, his triumphs, and his honors possess an interest to the profession every where. The labors of no American scientist have ever received more general recognition among foreign nations than have those of Prof. Smith. He is a membre correspondant de l'Institut de France (Académie des Sciences), etc.; member

of the Chemical Society of Berlin, of the Chemical Society of Paris, of the Chemical Society of London, of the Societe d'Encouragement pour l'Industrie Nationale, of the Imperial Mineralogical Society of St. Petersburg, of the Société des Sciences et des Arts de Hainaut, etc.; Chevalier de la Legion d'Honneur; member of the Order of Nichan Iftahar of Turkey, of the Order of Medjidiah of Turkey; Chevalier of the Imperial Order of St. Stanislas of Russia. This is but a partial list of honors conferred upon him abroad. We have not space to recite the rewards he has received from the many learned societies in his own country.

We copy from our able cotemporary, the Louisville Medical News, the toasts and responses made "between the walnuts and the wine."

Dr. D. W. Vandell, as chairman of the occasion, arose and said:

GENTLEMEN: It is my pleasant task to say what all of you already know—that we are here to do honor, in our Kentucky way, to the very distinguished savant whom we have asked to meet us this evening. I know I but express the sentiment of this large company when I say not one of all our noted citizens has ever won such renown in the scientific world or returned to us with distinction gained in so many and such varied fields of scientific research. I would therefore offer you the health of our guest and our friend Dr. Smith, to be responded to by the Hon. Henry Watterson.

Col. Watterson spoke as follows:

MR. CHAIRMAN: It is rare indeed that a community pursuing the obscure tenor of its way, far from the great capitals of thought and action, is able to claim among its inhabitants one who has taken all the prizes the world of science has to give; who has risen to the head of his particular department, and has been elevated to the official head of his profession in his own country; who wears the insignia awarded eminent professional service by every one of the enlightened nations of his time; and who comes back to us, after an absence of a few months, the successor of Franklin, Prescott, and Agassiz in the National Institute of France. A man of this description is usually to be found only about the centers of scientific inquiry and development, and the circumstance should make us exceptionally proud of so



marked a citizen. But proud as we are of the *savant*, loaded down by public decorations and professional trophies and honors, we are yet prouder of the *neighbor*, to whose private virtues we are here to pay the homely tribute of personal respect and regard. Let the nations of the earth distinguish our friend as they may, let his professional brethren esteem and promote him as they shall, he will always remain to us the unaffected, spotless gentleman we know him to be. In this spirit, Mr. Chairman, I propose the health of Prof. J. Lawrence Smith.

Prof. Smith replied:

MY FRIENDS: Several days ago Mr. Watterson came to me and announced the fact that a number of my personal and professional friends desired to show in some way their esteem for me personally and for my scientific learning. I said to him then what I say to you now, What have I ever done that you should do this to me? And I was willing to apologize if need be. I am unaccustomed to public speaking; for, as Mark Twain says, whenever I open my mouth I put my finger in it. But though this is a very social occasion, I feel that I must say something solemn even at the risk of souring the wine.

Never in my career have I felt so proud of any honor as this. When scientific men in this country and in Europe did me honor I felt, to be sure, a certain glow of pride in it, but took it somewhat as a matter of course, for we were all in the same boat. To-night I see before me a representative gathering; men from all trades and professions—the lawyer, the merchant, the doctor, and the clergyman; and this fact affords me not a little gratification. If I have done any thing, my friends, to merit your esteem, the result has been reached by hard labor, and that alone. It is the same in all professions. The successful lawyer is a laborer; the successful doctor is a hard worker, and so is the successful merchant. It is not genius so much that succeeds as it is hard work; it is perseverance, and making sure of one step before you take another. I have always been proud when either in this country or in Europe people have referred to my labor as without mistakes.

I came to this city about thirty years ago. I had up to that time pursued rather an erratic scientific course. When I located in Louisville I began to crystallize my efforts, as a man to be successful in any calling must crystallize and concentrate his thoughts and his labor. I found here a center such as had never been mine before. I became associated, in the University of Louisville, with many men of learning—the profound Drake; the famous Gross, courtly as he was erudite; the graceful Cobb; the encyclopedic Yandell—and it was here that I

found a basis of a career, a point upon which to place my fulcrum and get a start in life. When I went to Europe I found myself honored far above my expectation. I went there to work, to complete my scientific labors; and I come back to bring to you the fruits of my labor, for they belong not to me, but to you, my friends—to all men.

But I grow loquacious. I have returned to the place where my friends dwell, to the place from whence I received a consistent start in science, and I can not but recall that institution in which I have felt so much pride. I would therefore propose to you the University of Louisville and the memory of the shades whom we all love and honor; and I know of none more fitted to voice its praises than he who has taken such a lifelong and steady interest in it as Hon. Isaac Caldwell.

Mr. Caldwell, the President of the University, responded by saying:

I thank our guest for remembering the University of Louisville. It was eminently fitting that he should not forget an institution of learning in which fourteen years of his valuable life were spent as a teacher. When he became a professor in the Medical Department of the University, in 1854, the school was in its infancy, if indeed, compared with the older establishments which have since honored him, we can say the University is yet out of its infancy.

It was gratifying to hear our guest declare that it was the period of his connection with the University in which he crystallized his scientific career. Since he resigned his professorship, in 1868, he has been a trustee of the University. These ties of a quarter of a century have so linked his name with the University that the history of the one can not be complete without the biography of the other.

The University of Louisville, though young compared with educational foundations abroad, is old in the history of western America. It is firmly and permanently established. Let not the people of Louisville and Kentucky forget or fail to appreciate the fact that the Medical and Law Departments of the University of Louisville are the leading schools of law and medicine in the Mississippi Valley. I am glad to report to our returned trustee that they have never stood on firmer or safer ground of prosperity and usefulness. The sons of the *alumni* are now seeking the *alma mater* of their fathers for instruction and for her honors. The *alumni* of the University furnish governors of states, senators, great surgeons, renowned professors, distinguished lawyers and statesmen in all parts of the South and West. Our guest has mentioned some of the great names associated with him as pro-

fessors. I remind him there are now names great and growing into greatness who remember him as their distinguished professor.

If Louisville is not to-day a great literary and scientific center, as we have been reminded she is not, let me ask why may she not be such in the great future before us? Why shall not the University be sustained in her upward march? Why may not other younger, meritorious institutions springing up around us be also succored and encouraged until Louisville shall become famous as the "University City?" Why may not brilliant scholars in the possible hereafter, for honors conferred at Louisville, have banquets at home, as our guest has at home to-day?

The professors of the University—united, able, untiring—are nobly performing their part, and are worthy successors to the great men who have preceded them.

The next regular toast—"The Church"—was responded to by the Rev. John A. Broadus, D. D., who made the following beautiful appeal for tolerance in both science and religion:

[The reporter in some way failed to furnish the Louisville Medical News with the really admirable remarks of this truly Christian gentleman, and we publish them now for the first time. They will commend themselves to good men every where.—*ED. AM. PRAC.*]

An eminent man of science who is a church-member and a decided and outspoken Christian presents by no means the unusual spectacle that some persons suppose. A certain class of writers and speakers seem really to have persuaded themselves that a new "irrepressible conflict" has arisen between science and Christianity, and that he who is a friend to the one must be an enemy to the other. The ground of this persuasion is not far to seek. Some men have thought they saw in the real or supposed results of scientific research a new means of attacking Christianity, to which they were commonly opposed on other accounts, and have very naturally been anxious to associate with their inferences and speculations the dignity and prestige which so justly belong to science. And then certain unwise defenders of Christianity have rushed to the rescue, and instead of attacking the unwarranted applications and assumptions of their opponents have committed the stupendous blunder of attacking science itself. Amid the din of their conflict it is hardly strange if some have supposed that there must be war to the knife between all Christians and all men of science.

But meantime most of us are entirely peaceful. Certainly a very distinguished representative of physical science and a very humble representative of Christianity have sat side by side this evening in all

peace and amity. A large proportion of the foremost scientific men of the age, in Europe and America, are known believers in Christianity, and not a few are, like our honored guest, ready on all suitable occasions to advocate its claims. And on the other hand the great mass of really intelligent Christians every where are warm friends of science, whether physical or metaphysical, linguistic or historical, social, political, or religious science. Why should it not be so? The very essence of Christianity is light; its very life-blood is truth; error and ignorance are among its greatest foes; and all true knowledge, however misconceived and misapplied for a time, is in reality its friend and helper, and sooner or later will be so acknowledged.

Let all cultivated men try to repress this mistaken notion of antagonism. Physical science has its own great field, its grand achievements, and a possible future which no man can now imagine; but there are facts of existence which its processes can not explain or even detect. Men devoted to experiment and demonstration sometimes grow one-sided—as we are all prone to do—and deny all that does not come within their range. But physical science necessarily fails to account for our sense of right and wrong, our quenchless longings after immortality, our invincible belief in the Almighty, All-wise, and All-loving. Our loftiest thought remains always a fragment till it finds completeness in the thought of Him; and our hearts—strange hearts, so strong and yet so weak, with joys so sweet and griefs so bitter—our hearts can know no rest save as they rest in Him.

Mr. Chairman and gentlemen, you have meant to show respect for the Church, the aggregate of avowed Christians. There are two things which I think that Christians ought in our day and country especially to propose to themselves and to urge on all around them. One is that we must all strive to combine the highest, broadest Christian charity with firm attachment to truth and fidelity to honest convictions. It is one of the practical problems of our age to combine these, not sacrificing either to the other. And the second thing: At a time when political and social evils spread so wide and strike so deep, when some men who are not foolish despair of the republic, and some despair of society, and some ask whether life is worth living, it becomes us indeed fearlessly to point out the faults of our current Christianity, that they may be mended; but it becomes us also to conserve and maintain the legitimate influence of Christianity over all classes of our population. Let all men beware how they speak the word that is to lessen that influence. Things are bad enough with us as it is; they would be far worse if that influence were destroyed. But let us hope that amid the mutations and reactions of human affairs, and under the control of that

Divine Providence at the thought of which we all bow in reverence, there may be an increase of living Christian faith and genuine Christian morality, of real education and enlightened patriotism, that will bring better and brighter days for us and for our children.

"The Press," as being next to the Church in power and usefulness, was then offered, and replied to by Dr. R. O. Cowling:

It did not seem to strike the assembly that I was the peculiarly proper man to reply to this toast, and indeed it does not strike me that I am altogether the individual for the duty. I did think that perhaps some time during the evening I might be asked to respond to the sentiment "The Medical Press," but I had hoped it would be farther on in the proceedings, when the company would not be likely to be so critical. Yet even then I felt that my claim as a representative of the medical press was somewhat weakened, for a number of my friends have paid me the compliment to say that the Louisville Medical News is the only independent *political* journal of the city; and besides, since the Courier-Journal has taken on itself to go over to Grant and homeopathy I thought that perhaps my friend Dr. Watterson would claim the privilege of answering for the medical brethren. But, gentlemen, no matter what portion of "The Press" I represent, or how fitly I represent it, I can surely say that no journal of this country more than the Louisville Medical News joyfully recorded the fact that our distinguished guest had received the honors which were accorded him in France. As one of its editors, when I noted the fact I rejoiced for many reasons—because Prof. Smith was my fellow-townsmen, because he was of the university to which I have the honor to belong, and, above all, because he was my old master. I was proud indeed to think that I had sat at the feet of an Academician. I have always regarded the Academy of France with awful feelings—as something, in fact, not to be approached by ordinary mortal footsteps. It was twenty years ago when, spending a vacation from college on the Hudson, I passed an evening with Judge Kent. No doubt some of you remember what an extraordinarily courtly gentleman he was, and what a brilliant *raconteur*. I was his partner at whist, I remember, and I record the fact that in this connection he said several pleasant and polite things, quite the contrary of many remarks of my more recent partners in that game, who for some unknown reason always seem to grow crazy and unseemly after my third lead. During the evening he told me his experience with the French Academy. He said that he had a ticket of admission to one of its sessions, and on presenting it got a seat "within the rail," separated from the general crowd. After a while the presi-

dent of the Academy, who was at the time M. Arago, came forward to the front of the platform and announced in stentorian tones that "M-i-c-h-a-e-l F-a-r-a-d-a-y, the philosopher of England, honors the house with his presence." "Immediately," said the Judge, "as I was the only stranger who was apparent, a hundred glasses were leveled at me, and I sat for the whole of the session afterward in intense embarrassment. When I left the room numbers crowded around me, and, seizing me by the hand, said, 'We have the honor, do we not, of saluting Monsieur Faraday?' I replied, 'No, indeed; simply a savage from the banks of the Hudson.'" When I heard of Prof. Lawrence Smith's election to the Academy the first thought that came to my mind was the anecdote of Judge Kent, and I said to myself, "By St. George, we have indeed sent the Academy a Michael Faraday from the banks of the Ohio."

After other pleasant speeches the company dispersed.

COMPETENT PHYSICIANS.—In the Report of the Committee on Public Health, relative to Lunatic Asylums, New York Senate, a report which completely exonerates these institutions from the charges brought against them by Dr. Hammond and others, some curious evidence is presented. It appears Dr. Hammond and others signed a paper asking for the appointment of a committee for the examination of all institutions for the care of the insane in the state of New York. But many who signed the paper hastened to have their names withdrawn; others denied signing their names at all, showing that some party or parties, active in getting signatures, blundered or did worse. The examination of some of the complainants was quite interesting—questions keen and answers keen. In the course of Dr. Spitzka's examination, the following questions and answers were given:

"*Question.* Doctor, who in your judgment are competent physicians in this country?

"*Answer.* It would take me about as long to answer that question as another question you have asked. I am not a walking directory.

"*Question.* I only want a few.

"*Answer.* Well, Gross, of Philadelphia; Yandell, of Kentucky. In fact there are a hundred in New York alone. I know something of the medical men of the country, I think."



MRS. HIPPOCRATES. — The doctor's wife rarely appears in ancient history, and so all references to her are peculiarly interesting. Some months ago, having access to a copy of Littré's *Hippocrates*, we were very much interested in a letter from the Father of Medicine to his friend Dionysius, of Halicarnassus. A large part of the letter related to his wife—shall we call her, after the fashion of the present times, Mrs. Hippocrates? Too poor to own the writings of Hippocrates, we must quote some of the salient points of the letter from memory. It appears the Abderites had concluded that their distinguished fellow-citizen, Democritus, was insane, and was very anxious to have Hippocrates visit him; but in order that the latter could make this visit it was necessary some one should come and attend to his patients during his absence, and he accordingly wrote to Dionysius to do him this favor. The wise physician states in his letter that he does not believe Democritus is seriously ill. Those, by the way, who are curious in regard to the interview between the illustrious physician and the famous philosopher will find it very fully given in Burton's *Anatomy of Melancholy*; how the latter was found engaged in dissecting animals, and how, after a long discussion with him, Hippocrates left him and told the anxious Abderites that, although Democritus was a little careless as to clothes, food, and even for his body, the world had not a wiser, a more learned, a more honest man, and they were much deceived to say he was mad.

But what about the wife of Hippocrates? In this letter he tells his friend that although her father and mother will be there to watch over her—honest people, who will try to keep her in honest ways—yet he is not satisfied with this supervision alone, but wants Dionysius to exercise his watchfulness as well, for his belief is that a man can leave his wife more safely nowhere than in the care of a friend. It was very ungallant in Hippocrates to speak such words as these: "For a woman hath need to have an overseer to keep her honest. They are bad by nature, and all lightly given; and if they be not curbed in time, as an unpruned tree they will be full of wild branches and degenerate of a



sudden." Especially was there danger when the husband was absent, and therefore he besought the watchfulness of Dionysius. Doubtless Mrs. H., thus triply guarded, brought no dishonor on her husband; though nowadays no doctor would write of his wife and of women as Hippocrates did.

THE PUBLIC RELATIONS OF MEDICAL MEN is the title of a lecture recently delivered at the Medical College of Ohio by Prof. P. S. Conner, M.D. The lecturer treats the subject in a style befitting its importance. We wish "the powers that be," both state and municipal, not only in Ohio but in Kentucky and elsewhere, could be brought to feel the force of Dr. Conner's argument, and thus led to correct the dangerous evils and enormous abuses of which he speaks. We make room for copious extracts from the address:

The private relations of the physician are thoroughly understood. Every one recognizes, more or less fully, that sickness and injury are the common lot of all, and that it is the special province of physicians, as a class, to treat, to relieve, to cure. Their place in the sick-room, their influence in the household, is by all acknowledged. "God and the doctor we alike adore when danger threatens." But how few, comparatively, realize the fact that the medical man sustains many, varied, and most important public relations. He does not make laws nor execute them; he does not command armies nor arrange treaties; his place is neither in the exchange nor on the stump. But he does advise and urge measures of sanitary policy and reform, protect the innocent and secure justice to the guilty, aid in the unraveling of tangled webs of testimony, and discharge professional and executive duties in connection with public institutions. Such being the case, what has the community a right to demand of medical men? what medical men of the community?

You may justly, rightly, ask of doctors claiming to be sanitarians or experts, or holding official positions, that they be possessed of knowledge, honesty, fitness. A sanitarian is not the medical parrot, repeating the meaning or meaningless words (as the case may be) that he has heard, nor the unreasoning enthusiast riding his hobby any where, every where. Claiming to be an adviser, a director, he is not only to know what has been done, but be able to work out correctly what should be done, and show good cause for its doing. Every man

possessing by law or by courtesy the title of doctor is not to be regarded as an expert in matters of mental condition or bodily state. In deed, and not simply in name, should such an one be *expertus*. For no other position, perhaps, is there required a greater combination of learning, of judgment, and of probity, than for that of the medical witness, truly an *amicus curiæ*. Bench, bar, and public have often sneered at the witness and disregarded the testimony; but is it strange? Has not too often chaff been given instead of wheat; pretentious ignorance usurped the place of calm intelligence? Every honest, fair-minded man has been put to the blush as he has seen fools rush in in cases where property, reputation, life itself, depended upon the expert testimony. Whose is the fault? Yours; not ours. Instead of the state or the court selecting men tried and true, to dispassionately and at their leisure investigate and report, it is permitted counsel to seek for and put upon the stand mere partisans, whose evidence shall secure, not truth, not justice, but a favorable verdict.

Of medical men holding official professional positions—as, for example, superintendents of lunatic asylums—it is with propriety demanded that they have medical knowledge, general and special; be upright, moral, law-abiding citizens, and moreover be possessed of that indefinite, hard-to-be-described aptitude for service, without which wisdom and worth will count for but little—a rare combination certainly in its totality or with even an approximation to completeness, yet capable of being found, that should always be sought for.

Now, on the other hand, what have medical men to demand of the community? Fair dealing, decent respect. When sanitary authorities of equal character hold various opinions upon the same vexed questions, any one or none may properly and rightly be accepted; “when doctors disagree the disciples are free;” but when all are agreed, as upon certain matters of sewerage, of drainage, of the prevention or the stamping out of disease, are we not justified in insisting upon attention being paid to professional statements and heed being given to professional advice? The line-officer, no matter what his rank, who, unless from the pressure of military necessity, disregards or willfully acts in defiance of the counsel or protest of his surgeon, in matters of feeding or encamping his men, is in every civilized country held responsible for the evil that may result. Just so should it be with civil authorities when they permit the existence of nuisances detrimental to the public health.

Under the strict rule of paternal governments the safety of the people may be made the highest law, overriding all considerations of personal freedom and individual sovereignty; but with us the devel-

opment of a healthy and health-demanding public sentiment must precede and make necessary all restrictive enactments. As Lord Derby has put it, "No sanitary improvement worth the name will be effective, whatever acts you pass or whatever power you confer upon public officers, unless you can create an intelligent interest in the matter among the people at large." For your own advantage then professional writers, speakers, and thinkers are urging the just recognition of the correctness of enunciated sanitary principles, and the necessity of their observance, and are asking that law shall second medicine in the securing of longer life and more general health; and that means less poverty and less crime.

As respects the rights, duties, and privileges of medical experts, we have much to complain of, much to insist upon. The present system is an exceedingly vicious one, and ought to be thoroughly, radically changed. It comes far short of preventing evil and establishing right, and is constantly putting the profession in a false light before the community. How can it be altered for the better? By placing the expert where he belongs, figuratively if not literally by the side of the judge, selecting him only because he is a recognized authority on the subject in controversy, and letting his decision stand as law, to be dissented from only for the weightiest reasons and because of the strongest evidence of its incorrectness. Whether such "friend of the court" should be a permanent official, or be selected when needed and for an individual case, is a question in the settlement of which many things are to be considered. But certainly it is high time that any and every doctor who may happen to have been subpoenaed should not be regarded as an expert simply because he is a doctor and has been subpoenaed; and yet that is practically the state of affairs to-day. One southern court has even gone so far as to decide that a doctor is *ex officio* an expert, though he may never have practiced medicine since graduation, and have been for twenty years a planter.

But while the present system of selecting experts remains physicians should certainly demand of courts and people the recognition of one fact, that professional knowledge is personal property that is not to be taken *volens volens* by individuals nor the state; that at the pleasure of its owner may be withheld, be given away, or be sold. No lawyer in the interests of a client, no judge to make up for personal deficiencies can compel you in the witness-box to hand over your watch or money. No more, in justice, can he compel the opening of the mouth and the parting with professional knowledge.

It may be said that the interests of the state, the welfare of the

community, the necessities of justice, demand such knowledge at such a time. Very well; then let it be paid for as any other property, as houses and land, that must be paid for. Generally, however, not even this claim can be set up; for the case is one between individuals, where M thinks he will be able to get something out of N by compelling O to give a professional opinion in his favor. Thanks to the agitation upon this subject during the last quarter of a century, medical men are beginning to get their rights; and in Indiana the highest court has definitely settled the question, so far, at least, as that state is concerned, though to secure such settlement cost two physicians no little money and some personal confinement. The last relic of absolutism of despotism in this country is in our court-houses, where the judge, no matter who he is or what he is, is supposed to be an impersonation of monarchy that can do no wrong, and is surrounded with that dignity that doth hedge about a king. The bench of course does not complain, and the bar says nothing, for each of its members hopes to some day be a judge. Every Joseph would be a bishop.

Before leaving the subject of what may be called the legal relations of medical men, a word should be said respecting the state of affairs when the physician appears in court not as a witness, but as one witnessed against, as a defendant in a malpractice case. Any man, it matters not how learned, how skillful, how careful, how charitable he may be, is liable at any time, especially if he treats surgical cases, to be sued for alleged negligence and want of skill. Some of our best surgeons—such as Prof. Gross, of Philadelphia, the Nestor of our day—have been compelled to defend themselves in suits of this nature. In certain sections of the country this evil has attained such gigantic proportions that he who treats a poor man does it at no little risk. In Maine, for example, nearly one fourth of the whole number of physicians in the state have been prosecuted within the last generation. Though generally the courts have acted most justly and considerately, and only occasionally has an unjust verdict been secured; yet the annoyances, vexations, and expense of these cases, that are simply attempts at blackmail or robbery, ought to be spared the profession. It is absurd to expect and demand that a broken limb shall be so perfectly recovered from that nothing in either appearance or usefulness shall remain to testify to the injury received. It is an outrage to endeavor to secure heavy damages against a practitioner for having gratuitously operated in a case of clubfoot and furnished the necessary shoes. It is the basest ingratitude to sue a hospital surgeon for having removed a useless eyestump to save the other eye, already sympathetically inflamed and on the highroad to destruction.

Ninety-nine times out of a hundred such actions as these are instigated by worthless doctors and good-for-nothing lawyers, prompted the one by envy, the other by avarice. Where there is really gross ignorance or wanton negligence, with resulting injury to part and the whole, the one at fault deserves any punishment that he may receive; but such cases as these, be it said to the honor of our profession, are few and far between. One single act of legislation, one simple, just requirement, will put a stop probably to all the cases that ought to be stopped—compel every one who brings suit to give bond for payment of all expenses in case of failure to sustain his charges.

What have we to demand of the community respecting those medical men who occupy professional offices of honor, trust, and profit? We have already seen that such ought to be possessed of thorough knowledge and special training; be honest men and good citizens; be fitted by nature and education for the proper discharge of their duties. Our only demands then can be that such and such only should be put in office, and that there they should be continued in place so long as they faithfully perform their work. Neither politics nor religion should have any thing to do with appointment or removal.

Competent men can be found, and they ought to be found; if in the county or state, so well and so good; if not, outside these petty, narrow geographical limits. Let the best man that can be secured be secured, and then let him remain undisturbed so long as he shall faithfully discharge the duties of his office. Give him every facility for investigation and study, and see to it that he reports the results of his labors; and these labors not those of the farm, but of the hospital—not aimed at reducing the cost of keeping, but at increasing the percentage of restorations to health. Let him have leisure enough to be a teacher in his own department, of whose lectures it can be said, as of those of the late Dr. Tyler, of Somerville, "They were rich in the fruits of his industry, in observation, and in calm study; . . . clear and systematic statements of principles, illustrated by cases." In a word, let the asylum superintendent be a wise and skillful alienist; not simply a good general practitioner; still less a mere political *protégé* or party pensioner. Thus, and thus only, can the welfare of patients be secured and reason re-enthroned.

Important as is the private sphere of action of medical men, their public one is none the less so, and its extent far greater. In the one, perhaps only a single person, certainly only a few, are afflicted for weal or for woe. In the other a community, the state, a nation, the world, may be directly concerned in what is said or done. Health and prosperity or sickness and want may be consequent upon a doctor's

commission or omission, upon the recognition by the people at large of the value of his counsel, or their rejection of his measures, their neglect of his words.

There was more than rhetoric and high-sounding phrases in the eloquent tribute paid by Yandell to McDowell. It is true that "the labors of the statesman yield to the pitiless logic of events, the voice of the orator grows fainter in the coming ages, the deeds of the soldier eventually find place but in the libraries of the students of military campaigns; while the achievements of the village surgeon, like the widening waves of the inviolate sea, shall reach the uttermost shores of time, hailed of all civilizations as having lessened the sufferings and lengthened the span of human life."

INDIANAPOLIS MEDICAL COLLEGES.—The number of students matriculated at the Medical College of Indiana is one hundred and eighty, and at the Central College of Physicians and Surgeons forty-two.

DR. MCINTYRE.—The newspapers announce that Dr. McIntyre, of Richmond, Ind., has been elected to a chair in the St. Louis College of Physicians and Surgeons. Indiana can not only furnish faculties for five medical colleges in her own borders, but supply the professorial destitution of cities like St. Louis and Louisville; for in addition to Dr. M. going to St. Louis, Dr. Kempf, also of Indiana, has recently been called to a professorship in the Kentucky School of Medicine. Dr. K. is already well known to the profession by his contributions to the medical press. We hope that both he and Dr. McIntyre will prove successful teachers.

KEEPER CRUSHED BY A BOAR.—This is the title of a news item in one of our exchanges. But names are not always things, for boar in the title becomes boa in the narrative. The unfortunate keeper\* was crushed by a boa-constrictor.

A NUMBER of reviews—among them one of the great works of the lamented Bumstead, who died in a few weeks after he had completed his massive volume—have been unavoidably held over for the February number.



VALUABLE LIBRARY DONATED.—Dr. Clark, of Noblesville, Ind., a retired and wealthy physician, quite advanced in life, has been for many years a large purchaser and diligent student of medical books. He has accumulated one of the most valuable private medical libraries, and this he donates to the Central College of Physicians and Surgeons, Indianapolis.

UNIVERSITY OF MARYLAND.—Prof. Frank Donaldson, of the Medical Faculty of the University of Maryland, has exchanged the Chair of Anatomy and Physiology for that of Clinical Professor of Diseases of the Throat and Chest. Prof. F. T. Miles will fill the Chairs of Physiology and Anatomy, in addition to his duty as Clinical Professor of Diseases of the Nervous System.

Dr. A. B. Cook, who has for many years past acceptably filled the Chair of Surgery in the Louisville Medical College and in the Kentucky School of Medicine, has resigned the position in both institutions. The Philadelphia College of Pharmacy has conferred the title of Emeritus Professor of Chemistry on Robert Bridges, M. D., and presents him annually with one thousand dollars in recognition of past services. The Medical School of Hartford has called Dr. M. D. Mann to the Chair of Clinical Lecturer on Gynecology. Dr. Hyrdman, who has been connected editorially for many years with the Cincinnati Lancet and Clinic, has received the appointment of Lecturer on Medical Chemistry in the Medical College of Ohio.



## **Books Received.**

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- Richets's Histology and Physiology of the Cerebral Convolutions; also Poisons of the Intellect. Translated by Edward P. Fowler, M.D. New York: William Wood & Co. 1879.
- Sexual Neuroses. By J. T. Kent, M.D. St. Louis: Maynard & Tedford. 1879.
- Analysis of the Urine. By Hofmann & Ultzmann. Translated by Drs. Brune & Curtis. New York: D. Appleton & Co. 1879.
- Transactions of the College of Physicians of Philadelphia for 1879. Philadelphia: Lindsay & Blakiston.
- Transactions of the Illinois State Medical Society for 1879. Chicago: C. H. Blakely & Co.
- Health Primers: The Skin and its Troubles. New York: D. Appleton & Co. 1879.
- American Health Primers: The Mouth and the Teeth. By J. W. White, M.D., D. D. S.
- The Throat and the Voice. By J. Solis Cohen, M.D. Philadelphia: Lindsay & Blakiston. 1879.
- Clinical Lectures on Diseases Peculiar to Women. By Lombe Atthill, M.D. Fifth edition, revised and enlarged. With illustrations. Philadelphia: Lindsay & Blakiston. 1879.
- First Lines of Therapeutics. By Alexander Harvey, M. D., Edinburgh. New York: D. Appleton & Co. 1879.
- A Ministry of Health and Other Addresses. By Benjamin Ward Richardson, M.D. New York: D. Appleton & Co. 1879.
- A Treatise on the Theory and Practice of Medicine. By John Syer Bristowe, M.D., London. Second American edition, revised by the author. With notes and additions by James H. Hutchinson, M.D. Philadelphia: Henry C. Lea. 1879.
- A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By William Leishman, M.D. Third American edition, revised by the author. With additions by John S. Parry, M.D. Philadelphia: Henry C. Lea. 1879.
- A Text-Book of Physiology. By M. Foster, M.A., M.D. Third edition, revised. London: Macmillan & Co.
- Transactions of the Ohio State Medical Society for 1879. Columbus, Ohio: Cott & Hann, Printers.

Transactions of the Maine Medical Association for 1879. Portland: Stephen Berry, Printer.

The Theory and Practice of Medicine. By Frederick T. Roberts, M.D., F.R.C.P. With illustrations. Third American, from the fourth London edition. Philadelphia: Lindsay & Blakiston. 1880.

Outlines of the Practice of Medicine, with special reference to the Prognosis and Treatment of Disease. By Samuel Fenwick, M.D. Philadelphia: Lindsay & Blakiston. 1880.